

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)*
was received by me on *(date)* 4/3/23

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Peggy Cozzart, who is
designated by law to accept service of process on behalf of *(name of organization)* Associated
Pharmacies Inc on *(date)* 4/5/23 ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services; for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 4/5/23

Sheila Brooks

Server's signature

Sheila Brooks SPS

Printed name and title

Server's address

Additional information regarding attempted service, etc: